

**APPLICATION FOR ZONING PERMIT
TUSCARORA TOWNSHIP, PERRY COUNTY, PA**

Date: _____

In accordance with the provisions of the Zoning Ordinance of Tuscarora Township

(Name of Applicant) (Address of Applicant)

(Telephone # of Applicant) I will be doing the work described myself. Yes No

Owner if different than Applicant _____

Hereby makes applicant for: Zoning Permit Other

Describe the project for which this application is being made: _____

Proposed Use: Residential Commercial Agricultural

Located: _____

Parcel ID # 260, _____ (refer to real estate bill) Zoning District _____

Zoning Districts—Agricultural; Conservation; Village; Commercial; Industrial

The general shape of lot and location and size of building being accurately shown on the plan on attached sheet, all of which are made a part of this application.

Complete the Following Applicable Information

Manufactured Home make _____ Size _____ X _____ New Used

Mobile Home make _____ Size _____ X _____ New Used

Type of Foundation: Block Concrete (mobile home foundations shall be in accordance with *Zoning, Part 11, General Regulations §27-1101, 10*)

Type of Construction: Brick Block Wood Frame Pole

The structure will be _____ Wide, _____ Long, _____ Number of stories, _____ Square feet

The sign or billboard will be _____ High, _____ Long, _____ Square feet

For a new home or home addition one (1) complete set of building plans shall be provided.

Market Value of Building or Improvements \$ _____ **Copy of Building contract must be attached**

(Include General contract, plumbing, heating, electrical) Permit fee is based on value of construction not cost

Sewage Permit No. _____ Driveway Permit No. _____

PAUCC Building Permit required: Yes No (required for new homes and additions and other structures over 1,000 square feet.

Is the Total Land Area being disturbed for improvements greater than 1 acre Yes No (If yes, a Land Development Plan may need to be submitted pursuant to Tuscarora Township's SALDO, and Township approval, as well as County Conservation office review may be required)

All necessary State, County and Township requirements have been or will be met.

Owner or Agent

(DO NOT WRITE IN SPACES BELOW)

Permit Issue Date: _____ Permit No. _____ Permit Expiration Date: _____

Fee: **\$100.00 plus \$2.00 for each \$1,000 Market Value** Fee Collected \$ _____ Check No. _____

PLAN OF PROPERTY

Provide a sketch of your property showing outline, dimensions, state or township roads, driveway, existing structures (if any), proposed new structures and distance of structures from property line. (A surveyed plot plan can be provided, if you have one.) **On a corner lot, the side yard abutting the street shall not be less than 30' in width.**

ZONING DISTRICT SETBACKS:

Zoning District	Front Yard	Side Yards	Rear Yard
Conservation	30'	20'	50'
Agriculture	30'	20'	35'
Village	30'	15'	30'
Commercial	35'	20'	35'
Industrial	50'	20'	50'

N

W

E

S

Not to Scale

Lot Size _____

Zoning District _____

The **WORKER'S COMPENSATION REFORM ACT (ACT 44 OF 1993)** Effective August 31, 1993, requires all municipalities that issue Building/Zoning Permits to require proof of worker's compensation insurance prior to issuing a building/zoning permit to a contractor or to require an affidavit stating that the contractor is not required to carry worker's compensation insurance. An affidavit, by statutory definition, must be notarized. (if Section B or C are completed)

NOTE: If you are the owner of the property where the work is to performed AND you are doing the work yourself or acting as a general contractor, please sign on the applicant's line. Notarization NOT required.

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law

Yes No (If no, skip Sections B and C and sign below)

If the answer is "yes", complete Sections B and C below as appropriate and have form notarized.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation

Certificate attached

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurer Insurance Policy

No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Signature of Applicant _____

Address _____

Phone No.: _____

Subscribed and sworn to before me this

_____ Day of _____ 20 _____

(Signature of Notary Public)

My commission expires: _____

State of _____

(Seal)

County of _____